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Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

2022 JUN -7 PM 12: 27

UNITED STATES DISTRICT COURT

for the

Southern District of New York

Manhattan DivisionNoel Arroyo-Bey
dba
NOEL ARROYO

Case No. _____

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

MANHATTAN NORTH MANAGEMENT CO., INC

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Noel Arroyo
Street Address	Care Of: [6720] S. Florida Ave. Apt.[5306]
City and County	Lakeland, Polk County
State and Zip Code	Florida Republic [33813]
Telephone Number	917-686-8764
E-mail Address	arroyon1975@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

Name	MANHATTAN NORTH MANAGEMENT CO., INC.
Job or Title <i>(if known)</i>	
Street Address	107-129 East 126th St., New York, NY
City and County	New York, Manhattan
State and Zip Code	New York 10035
Telephone Number	212-996-0200
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

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II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act (FD&C Act)
1 Amendment of The Constitution for The United States Of America

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* _____, is a citizen of the
State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated
under the laws of the State of *(name)* _____,
and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* _____, is a citizen of
the State of *(name)* _____. Or is a citizen of
(foreign nation) _____.

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b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under
the laws of the State of (name) _____, and has its
principal place of business in the State of (name) _____.
Or is incorporated under the laws of (foreign nation) _____,
and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Attached Affidavit

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Damages for the following:

Compensatory Damages - \$17,400

Lost wages- \$14,400

emotional distress(Inability to concentrate, anxiety and depression) - \$3,000

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V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 05/23/2022

Signature of Plaintiff

Printed Name of Plaintiff

Neel Arroyo
Neel Arroyo

**B. For Attorneys**

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address



EXHIBIT A

Federal law states:

1. Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) states:
2. individuals to whom the product is administered are informed—
3. (I) that the Secretary has authorized the emergency use of the product;
(II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and
(III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.
4. In a letter dated April 24, 2020, the Food and Drug Administration stated that authorized face masks must be labelled accurately and may not be labeled in a way that misrepresents the product's intended use as "source control to help prevent the spread of SARS-CoV-2." The letter specifies that the labeling "may not state or imply that the product is intended for antimicrobial or antiviral protection or related uses or is for use such as infection prevention or reduction." Any EUA mandate requiring individuals to wear face masks conflicts with Section 360bbb-3(e)(1)(A)(ii)(I-III), which provides that the person must be informed of the option to refuse to wear the device.
5. Liability for forced participation in a medical experiment, including possible injury, may be incalculable.
6. NO INFORMED CONSENT was giving by the employer.

IN THE UNITED STATES COURT

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Noel Arroyo-Bey
Dba
NOEL ARROYO

Plaintiff

vs.

MANHATTAN NORTH MANAGEMENT,

Defendant

Case No. _____

AFFIDAVIT

State of New York
County of NEW YORK

I, Noel Arroyo, of 508 E 163rd St, Bronx, NY 10451 do hereby swear under oath that:

1. At approximately 10:00am on December 1st, 2021, I Noel Arroyo was schedule to have an interview at the Manhattan North Management for a Doorman position.
2. I arrived on time and on that day, I notice half of the employees in the office wasn't wearing a mask. At about 10:15am I was Interviewed by Ivelise Andino (Human Resource Manager).
3. After my interview with her, she then referred me to have an interview with the Director of Operations of Manhattan North Management.
4. I was offered a Doorman position at a Condominium site on 5th Ave and scheduled to start on December 6th, 2021, at 8:00am and trained by the the supervisor of Security at that location.
5. I was working in that building for 3 consecutive days without a mask when suddenly Tony (Director of Manhattan North Management) walked in the lobby and told the supervisor to tell me to wear a mask.
6. I advised the Supervisor of the building that I had a pre-medical disability from wearing the mask and that my therapist gave me a letter exempting me from wearing a mask or any face covering instrument.

8.I was called in to the office the next day and not to report to my work location on 5th Ave. I sat down with Ivelise Andino(Human Resource Manager) in her office and advised me about the mask issue at the 5th Av building location where I was working as a Doorman

9.I politely told her that I had a disability and that I was mask exempt, she then advised me that she was going to give me a Reasonable Accommodation which was the following: She offered me to wear a face shield on the first shift that I was offered 8am – 4pm or work the 3rd Shift 12am -8pm without a mask.

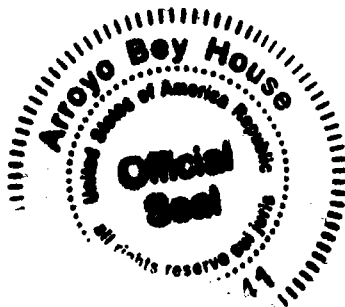
10.I explained to Ivelise Andino that the reasonable accommodation was Null and Void simply because I can't wear any type of instrument covering my face which can be either a mask or a face shield, I also cant work the 3rd shift from midnight to 8am because I also have a pre medical condition which interferes with my health to work those hours which I have legal documentation from my doctor.


11.Ms.Ivelise Andino advise me that if I didn't take the company's offer that I will no longer be able to work and therefor be terminated. In Conclusion The company rejected my doctors and therapist disability letters.

12. I feel that I was discriminated for my disability and my rights were infringed under The American Disability Act Title III. (2) violated plaintiffs' basic rights; (3) bodily autonomy rights & right to privacy; (4) issued a vague mandate that can't sustain judicial scrutiny and (5) violated my freedom of speech.(6)No Informed consent was advised to me to wear a EUA face mask.

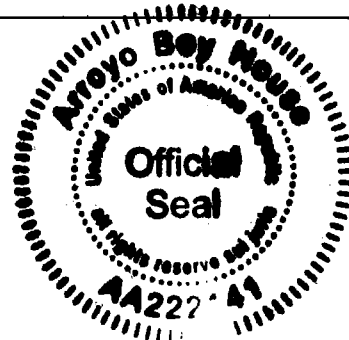
Under penalty of perjury, I hereby declare and affirm that the above stated facts, to the best of my knowledge, are true and correct.

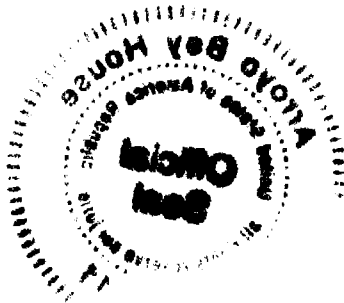
DATED this 24 day of May, 2022




All Rights Reserve, without prejudice, sui juris

Noel Arroyo
Printed Name



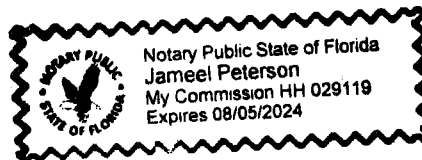


NOTARY ACKNOWLEDGMENT

State of Florida)
) (Seal)
County of Polk)

The foregoing instrument was acknowledged before me this 24TH day of MAY,
2022, by the undersigned, Noel Arroyo Bey, who is personally known to me or satisfactorily proven to
me to be the person whose name is subscribed to the within instrument.


Signature



JAMEEL PETERSON
Notary Public

NOEL ARROYO
physically appeared before me.

My Commission Expires: 08/05/2024

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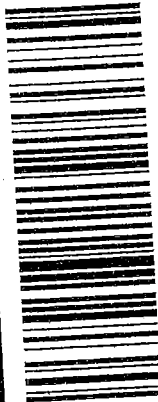
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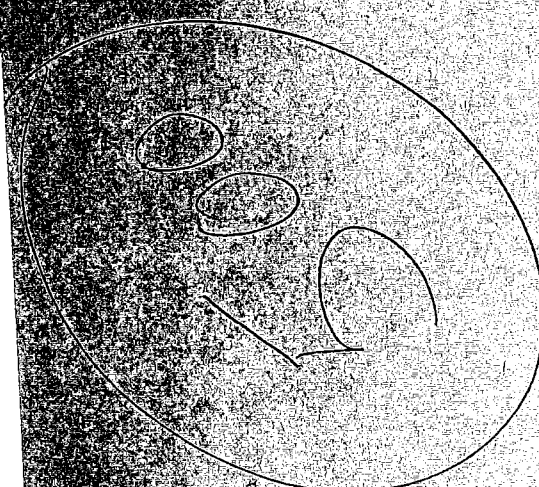
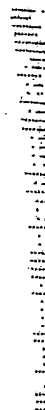
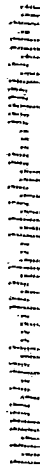
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Pro SE Intake Unit
(Room 200)
c/o 500 PENEL ST.
New York, New York 10007



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